RS-457 (11/00) **Commonwealth of Virginia Department of Rehabilitative Services**

Lien Worksheet

PART 1 *(Consumer Completes and gives to Counselor)*

A. Consumer Information

1. *Is the consumer filing or thinking about filing for Worker's compensation? (check one):
   Yes ☐ No ☐

2. *Is the consumer taking or thinking about taking other personal injury legal action? (check one):
   Yes ☐ No ☐

3. If "Yes" to question #1 or #2, please complete this form.

*Consumer's Name: _____ *Date: _____

*Social Security #: _____ Date of Birth: _____

Date of accident or other personal injury: _____

City or County where injury occurred: _____

State where injury occurred: _____

B. Consumer's Personal Injury Attorney

*Personal Injury Attorney's Name: _____

Name of Law Firm: _____

*Address: _____ Phone: _____

*City: _____ TTY: _____

*State: _____ *Zip _____ FAX: _____ e-mail: _____

C. Alleged Negligent Party (Individual or Corporation)

*Alleged Negligent Party's Name: _____

Address: _____

City: _____

*State: _____ *Zip _____ FAX: _____ e-mail: _____

*Party's Insurance Carrier: _____

Address: _____

City: _____ TTY: _____

*State: _____ *Zip _____ FAX: _____ e-mail: _____

PART 2 *(DRS Counselor Completes)*

(Send form to DRS Fiscal Operations In Central Office. Keep a copy in case file. Update VRIS Application Entry Screen to show "Yes" in Client Lien field)

*Counselor's Name: _____ *Caseload #: _____ Case #: _____

*DRS Office: _____ *Phone: ___ - ___ - ____